		PART B	B - FEE(S) TRAN	SMITTAL			
Complete and septems form, together with applicable fee(s), to				Commissioner foi P.O. Box 1450 Alexandria, Virgi	r Patents		
- No	24 0			(571)-273-2885		·	
STRUCTIONS This propriate. All function dicated unless correct aintenance fee notifies	form should be used for correspondence including the below the rected oth	or transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	JE FEE and PUBLIC. rders and notification of a) specifying a new co	ATION FEE (if requi of maintenance fees we prrespondence address;	ired). Blocks 1 through strill be mailed to the curre and/or (b) indicating a strill and a strill a strill a strill and a	should be completed whe ent correspondence address a eparate "FEE ADDRESS" for	
	PENCE ADDRESS (Note: Use Blo			Note: A certificate of Fee(s) Transmittal. Thi papers. Each additiona	mailing can only be used is certificate cannot be use	for domestic mailings of the domestic mailings of the domestic mailings of the domesting of the domesting of the domest or formal drawing, mu	
	7590 08/04/	/2008	•		tificate of Mailing or Tra		
Seventh Floor	KOLOFF, TAYLOF	₹ & ZAFMAN LLP]	I hereby certify that th	is Fee(s) Transmittal is be	sing deposited with the Unite first class mail in an envelop ess above, or being facsimi e date indicated below.	
12400 Wilshire Boulevard Los Angeles, CA 90025-1026				Christopher P. Marshall (Depositor's name			
	11 00000069 022666	10052446		np.	harshell	(Signature	
01 FC:1501 1	1510.00 DA		Į		11/4/	2018 (Date	
2 AFFECATION NO.			FIRST NAMED INVENT	ror	ATTORNEY DOCKET NO	. CONFIRMATION NO.	
10/052,446	01/17/2002		· Lop Ng		005166.P015	1959	
TLE OF INVENTION	N: MULTI-STREAM JIT	TER BUFFER FOR PAC	CKETIZED VOICE AP	PPLICATIONS			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	E FEE TOTAL FEE(S) D	UE DATE DUE	
nonprovisional	NO	\$1440	\$0 .	\$0	\$1440	11/04/2008	
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
LEE, CHI HO A		2616 .	370-260000				
Change of correspondence address or indication of "Fee Address" (37			2. For printing on the patent front page, list				
Change of correspond			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
FR 1.363).	oondence address (or Cha B/122) attached.	nge of Correspondence	òr agents OR, alteri	natively,	. &		
FR 1.363). Change of corresp Address form PTO/S "Fee Address" inc	B/122) attached. dication (or "Fee Address" 02 or more recent) attach	" Indication form	or agents OR, altern (2) the name of a si registered attorney	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If	member a 2&		
FR 1.363). Change of corresponders form PTO/S "Fee Address" int PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A	B/122) attached. dication (or "Fee Address" of more recent) attach ND RESIDENCE DATA	"Indication form ed. Use of a Customer A TO BE PRINTED ON	or agents OR, alteri (2) the name of a si registered attorney 2 registered patent listed, no name will THE PATENT (print of	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If I be printed. r type)	member a es of up to no name is 3	ZAFMAN LLP	
FR 1.363). Change of corresponders form PTO/S "Fee Address" int PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A	B/122) attached. dication (or "Fee Address" of more recent) attach ND RESIDENCE DATA	"Indication form ed. Use of a Customer A TO BE PRINTED ON	or agents OR, alteri (2) the name of a si registered attorney 2 registered patent listed, no name will THE PATENT (print of	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If I be printed. r type)	member a es of up to no name is 3	ZAFMAN LLP	
FR 1.363). Change of corresponders form PTO/S "Fee Address" int PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A	B/122) attached. dication (or "Fee Address" of the Address of the	"Indication form ed. Use of a Customer A TO BE PRINTED ON	or agents OR, alteri (2) the name of a si- registered attorney 2 registered patent listed, no name will THE PATENT (print or data will appear on the T a substitute for filing	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If I be printed. r type)	ee is identified below, the		
FR 1.363). Change of correst Address form PTO/S "Fee Address" int PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	B/122) attached. dication (or "Fee Address" 02 or more recent) attach NDD RESIDENCE DATA cless an assignee is identith in 37 CFR 3.11. Comp	"Indication form ed. Use of a Customer A TO BE PRINTED ON	or agents OR, alteri (2) the name of a si- registered attorney 2 registered patent listed, no name will THE PATENT (print of data will appear on the T a substitute for filing (B) RESIDENCE: (C	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If i be printed. r type) ne patent. If an assign an assignment.	ec is identified below, the	ZAFMAN LLP	
FR 1.363). Change of corresponders form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Occam Net	B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA less an assignee is identith in 37 CFR 3.11. Comp	"Indication form ed. Use of a Customer A TO BE PRINTED ON 7 ified below, no assignce oletion of this form is NO	or agents OR, alterically of a siregistered attorney 2 registered attorney 2 registered patent listed, no name will THE PATENT (print or data will appear on the Ta substitute for filing (B) RESIDENCE: (C. Santa Barl	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If i be printed. r type) ne patent. If an assign an assignment. ITY and STATE OR C bara, Califor	ec is identified below, the	ZAFMAN LLP	
R 1.363). Change of corresp Address form PTO/S Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME APLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Occam Net ease check the approp	B/122) attached. dication (or "Fee Address" 02 or more recent) attached. AND RESIDENCE DATA oless an assignee is identified in 37 CFR 3.11. Companies works	"Indication form ed. Use of a Customer A TO BE PRINTED ON This ified below, no assignce oletion of this form is NO categories (will not be presented)	or agents OR, alterically or agents OR, alterically or a siregistered attorney 2 registered patent listed, no name will the PATENT (print or data will appear on the Ta substitute for filing (B) RESIDENCE: (C Santa Barlimeted on the patent):	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If it be printed. If type) The patent. If an assign an assignment. TYY and STATE OR Company and ST	ec is identified below, the COUNTRY) rnia proporation or other private	ZAFMAN LLP e document has been filed for group entity Government	
FR 1.363). Change of corresponders form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Occam Net case check the approp The following fee(s) Issue Fee	B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA cless an assignee is identith in 37 CFR 3.11. Comp GNEE WOTKS riate assignee category or are submitted:	"Indication form ed. Use of a Customer A TO BE PRINTED ON This iffied below, no assignce oletion of this form is NO categories (will not be presented)	or agents OR, alterically or agents OR, alterically or a siregistered attorney 2 registered patent listed, no name will the PATENT (print or data will appear on the Ta substitute for filing (B) RESIDENCE: (C Santa Barlimeted on the patent):	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If i be printed. If type) The patent. If an assign an assignment. TYY and STATE OR Compared to the printed of the printed of the patent. Individual XXCO	ec is identified below, the	ZAFMAN LLP e document has been filed for group entity Government	
FR 1.363). Change of corresponderess form PTO/S Address form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Occam Net case check the approp The following fee(s) Issue Fee Publication Fee (1)	B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA less an assignee is identith in 37 CFR 3.11. Comp GNEE WOTKS riate assignee category or are submitted: No small entity discount p	"Indication form ed. Use of a Customer A TO BE PRINTED ON This iffied below, no assignce oletion of this form is NO categories (will not be presented).	or agents OR, alterically alterically alterically a registered attorney 2 registered attorney 2 registered patent listed, no name will attend at a will appear on the Ta substitute for filing (B) RESIDENCE: (C Santa Barlanted on the patent): b. Payment of Fee(s): (I A check is enclosed Payment by credit	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If it be printed. If type) The patent. If an assign an assignment. ITY and STATE OR Company and STATE or Caliform Individual STATE or Card. Form PTO-2038	ec is identified below, the COUNTRY) rnia proporation or other private the previously paid issue for its attached.	e document has been filed for group entity Government G	
FR 1.363). Change of corresponderess form PTO/S "Fee Address" inc PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI Occam Net case check the approp The following fee(s) Issue Fee Publication Fee (1)	B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA cless an assignee is identith in 37 CFR 3.11. Comp GNEE WOTKS riate assignee category or are submitted:	"Indication form ed. Use of a Customer A TO BE PRINTED ON This iffied below, no assignce oletion of this form is NO categories (will not be presented).	or agents OR, alterically alterically alterically a registered attorney 2 registered attorney 2 registered patent listed, no name will attend at a will appear on the Ta substitute for filing (B) RESIDENCE: (C Santa Barlanted on the patent): b. Payment of Fee(s): (I A check is enclosed Payment by credit	natively, ingle firm (having as a or agent) and the nam attorneys or agents. If it be printed. If type) The patent. If an assign an assignment. ITY and STATE OR Company and STATE or Caliform Individual STATE or Card. Form PTO-2038	ec is identified below, the COUNTRY) rnia proporation or other private the previously paid issue for its attached.	ZAFMAN LLP e document has been filed for group entity Government	
FR 1.363). Change of corresponderess form PTO/S Address form PTO/S PTO/SB/47; Rev 03-Number is required ASSIGNEE NAME A PLEASE NOTE: Unrecordation as set for (A) NAME OF ASSI Occam Net case check the approp The following fee(s) Advance Order- Change in Entity Sta	B/122) attached. dication (or "Fee Address" 02 or more recent) attach AND RESIDENCE DATA less an assignee is identith in 37 CFR 3.11. Comp GNEE WOTKS riate assignee category or are submitted: No small entity discount p	"Indication form ed. Use of a Customer A TO BE PRINTED ON ified below, no assignce oletion of this form is NO categories (will not be pre- definited) LO) d above)	or agents OR, alterically alterically alterically alterically a registered attorney 2 registered patent listed, no name will attain a registered patent of the PATENT (print of the data will appear on the Ta substitute for filing (B) RESIDENCE: (Cartinate of the patent): Description of the patent): Description of the patent of the pate	ingle firm (having as a or agent) and the nam attorneys or agents. If I be printed. I type) The patent. If an assign an assignment. ITY and STATE OR (Company and STATE or Company and STATE or Comp	ec is identified below, the COUNTRY) rnia proporation or other private the previously paid issue for its attached.	e document has been filed for group entity Government Gee shown above)	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Vincent

Lester J.

Authorized Signature

Typed or printed name

November 4, 2008

31,460

Registration No. ___